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SALTLAKE	CITY, UT 84111						(Depositor's name)	
							(Signature)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/680,709	10/680,709 10/07/2003		Christian Fleischhacker		48924-01170		2643	
TITLE OF INVENTION	N: BRIDGE CIRCUIT TO	O SUPPRESS ECHOES I	N COMMUNICATION I	DEVICES				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	SUE FEE TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	01/10/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]				
SINGH, RAN	SINGH, RAMNANDAN P		370-286000	_				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
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"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address' 2 or more recent) attach	Indication form ed. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 RODERTS & OWEN LLP				_P	
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or ty	pe)				
							ocument has been filed for	
(A) NAME OF ASSIC	GNEE		(B) RESIDENCE: (CITY	and STATE OR Co	TNUC	RY)		
Infineon Technologies AG Munchen, Fed Rep Germany								
Please check the appropri	ate assignee category or	ategories (will not be pri	nted on the patent) :	Individual Con	poration	on or other private gro	up entity Government	
4a. The following fee(s) a	re submitted:		Payment of Fee(s): (Plea	se first reapply any	y <b>prev</b> i	iously paid issue fee s	hown above)	
Xx   Issue Fee   A check is enclosed.   A check is enclosed.   Publication Fee (No small entity discount permitted)   Payment by credit card. Form PTO-2038 is attached.   (deficiency)						ency only)		
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Authorized Signature	tout	Pelou	Jince.	Date 2	6 h	Jovenjer	2007	
Typed or printed name	David O. See	ley		Registration No				
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